

Case Number:	CM15-0182845		
Date Assigned:	09/23/2015	Date of Injury:	06/25/2006
Decision Date:	11/13/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old female, with a reported date of injury of 06-25-2006. The diagnoses include depression, secondary due to status post right shoulder surgery, causing chronic pain and dysfunction, and panic disorder with agoraphobia. Treatments and evaluation to date have included oral pain medications, Zoloft (since at least 04-2015), Seroquel (since at least 04-2015), Klonopin (since at least 2015), Voltaren gel, and Ambien (since at least 05-2015). The diagnostic studies to date have included an MRI of the right shoulder on 05-11-2015 which showed rotator cuff tendinosis, postoperative changes in the anterior superior aspect of the shoulder, small glenohumeral joint effusion, and subcortical cyst formation superior lateral aspect humeral head. The progress note dated 08-28-2015 indicates that the injured worker complained of depression and excessive anxiety. She had difficulty sleeping; and felt tired and fatigued most of the time. The injured worker had trouble concentrating, felt restless and fidgety; her self-esteem has been affected; and she felt like a failure. The objective findings include cooperative, polite, relevant and coherent speech, alert and oriented, and normal cognitive function. The injured worker described her mood as depressed and anxious, and her affect was restricted. She denied being suicidal, homicidal, or psychotic. The treating plan included the continued use of Zoloft, Seroquel, Ambien, and Klonopin; and cognitive behavioral therapy to focus on positive thinking and compliance with treatment. The treating physician requested twelve (12) additional psych sessions on a monthly basis or as needed to complete treatment; Zoloft 150mg (unknown quantity); Seroquel XR 200mg (unknown quantity); Ambien 10mg (unknown quantity); and Klonopin 1mg (unknown quantity). On 09-04-2015, Utilization

Review (UR) non-certified the request for twelve (12) additional psych sessions on a monthly basis or as needed to complete treatment; Zoloft 150mg (unknown quantity); Seroquel XR 200mg (unknown quantity); Ambien 10mg (unknown quantity); and Klonopin 1mg (unknown quantity).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Twelve additional Psych sessions on a monthly basis or as need to complete treatment:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness/ Cognitive therapy for depression.

Decision rationale: California MTUS states that behavioral interventions are recommended. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)" The injured worker has been diagnosed with major depressive disorder, recurrent and panic disorder with agoraphobia and has completed 15 psychotherapy sessions so far. The request for additional 12 sessions would exceed the guideline recommendations as quoted above and thus is not medically necessary.

Zoloft 150mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations. The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with major depressive disorder, recurrent and panic disorder with agoraphobia. Zoloft is indicated for

treatment of major depressive disorder provided there is functional improvement/medical stability with the continued treatment. The request for Zoloft 150mg does not specify the quantity and thus is not medically necessary.

Seroquel XR 200mg (unknown quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Atypical Antipsychotics, Quetiapine (Seroquel).

Decision rationale: ODG states "Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution." The request for Seroquel XR 200mg (unknown quantity) is not medically necessary, as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Also, the request does not specify the quantity being requested.

Ambien 10mg (unknown quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/ Insomnia treatment.

Decision rationale: MTUS is silent regarding this issue. ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, and Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." Per guidelines, it is indicated only for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days).

The request for Ambien 10mg is not medically necessary as it is not indicated for long-term use and since the quantity is unspecified.

Klonopin 1mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: MTUS states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions." Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Klonopin on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Klonopin 1 mg is not medically necessary as it is not indicated for long term use and since the quantity is unspecified.